CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

MEETING MINUTES

Meeting Minutes – 12/6/18

Virginia Community Healthcare Association
3831 Westerre Parkway
Henrico, VA 23233
1:00 – 4:30 p.m.

The following CHIPAC members were present:

• Denise Daly Konrad	Virginia Health Care Foundation
• Michele Chesser	Joint Commission on Health Care
• Amy Edwards	Virginia Department of Education
• Jill Christiansen	Partnership for Healthier Kids
• Lisa Dove	Virginia Community Healthcare Association
• Michael Muse	Virginia League of Social Services Executives
• Dr. Cornelia Deagle	Virginia Department of Health
• Rodney Willett	Impact Makers
• Dr. Nathan Webb	Medical Society of Virginia
• Christine McCormick	Virginia Association of Health Plans
• Ashley Everette	Voices for Virginia's Children
• Dr. Tegwyn Brickhouse	VCU Health
• Jennifer Wicker	Virginia Hospital and Healthcare Association
• Dr. Sandy Chung	Virginia Chapter of the American Academy of Pediatrics

The following CHIPAC members sent substitutes:

• Jay Speer sent Jill Hanken	Virginia Poverty Law Center
• Sherry Sinkler-Crawley sent Jessica Annecchini	Virginia Department of Social Services
• Dr. Karen Rheuban sent Rebecca Gwilt	DMAS Board Member
• Shelby Gonzales sent Matt Broaddus	Center on Budget and Policy Priorities

The following CHIPAC members were not present:

• Katharine Hunter	Virginia Department of Behavioral Health and Developmental Services

The following DMAS staff members were in attendance:

- Brian McCormick, Director, Policy Planning and Innovation Division
- Rita DeVaughn, Senior Contract Monitor and Eligibility Supervisor, Eligibility and Enrollment Services Division
- Kelly Pauley, Eligibility and Enrollment Manager, Eligibility and Enrollment Services Division
- Dr. Kathy Sardegna, Pediatric Medical Director
- Tanya Williams, Director, Quality and Population Health
- Emily Creveling, Maternal and Child Health Supervisor, Health Care Services Division
- Tiaa Lewis, Member Services Manager, Program Operations Division
- Shelagh Greenwood, Outreach and Consumer Communications Manager
- Hope Richardson, Policy Planning and Innovation Division
- John Kenyon, Policy Planning and Innovation Division

Meeting Minutes

Welcome

Denise Daly Konrad, Chair of CHIPAC, called the meeting to order at 1:10 pm. Daly Konrad welcomed everyone and thanked all for attending. Daly Konrad outlined the agenda for the meeting, noting that DMAS would be inviting public comment for the HIFA waiver renewal application (FAMIS MOMS and FAMIS Select programs) during the meeting and that there would be a presentation on the Birth Outcomes Study from 2-2:30 pm.

I. CHIPAC Business

A. Approval of Minutes – Minutes from the June 7, 2018 quarterly meeting were reviewed and approved with one correction of a typographical error.

B. Membership Subcommittee Update – Amy Edwards, CHIPAC Membership Chair, gave an update on committee membership. Edwards welcomed new member Christine McCormick from the Virginia Association of Health Plans.

C. Review and approval of CHIPAC meeting schedule for 2019 – The proposed 2019 CHIPAC meeting schedule was reviewed and approved. Meetings are as follows: The CHIPAC full committee will meet quarterly on the first Thursday of the month: March 7, June 6, September 5, and December 5, 2019. Meetings will be held at Virginia Community Healthcare Association offices, 3831 Westerre Parkway, Henrico, VA, from 1 to 4:30 pm.

All meeting dates, times, and locations will be posted on the Virginia Regulatory Town Hall website (www.townhall.virginia.gov) and Commonwealth Calendar (https://commonwealthcalendar.virginia.gov).

D. CHIPAC Dashboard Review – An overview of the data in the CHIPAC Dashboard was provided, followed by a period of questions and discussion. Richardson reminded the group that red asterisks in the tables call attention to indicators that have been updated in this quarter's dashboard.

i) **HEDIS Measures and Other Health Outcome Measures:** Richardson stated that the HEDIS scores in the Health Outcomes section of the Dashboard had been updated with new data. Richardson informed the Committee that staff will invite a DMAS subject matter expert to present and discuss the HEDIS measures and MCO performance data at a future CHIPAC meeting.

Dr. Sandy Chung, Virginia Chapter of the American Academy of Pediatrics, inquired about how DMAS sets annual "Goals" and "Bold Goals" for the managed care organizations' (MCO) performance on the HEDIS measures in the Dashboard. Richardson indicated the goals were selected based on national percentiles for these measures: Goals are 50th percentile and Bold Goals are 75th percentile.

Jill Hanken, Virginia Poverty Law Center, inquired about the Dental Benefits for Pregnant Women, Activity & Outcomes section of the dashboard. She said that she is interested in seeing how many currently enrolled pregnant women are accessing dental services. Richardson stated that the data on pregnant women receiving dental services, inquiries received from members and providers, paid claims, and paid claim amounts presented in the dashboard are cumulative from when the indicators were first tracked in March 1, 2015.

ii) **Mental Health Dashboard Data / Workgroup Update:** Ashley Everette, Voices for Virginia's Children, provided an update on the work of the Mental Health Subcommittee and presented context for the new mental health indicators piloting in this quarter's CHIPAC Dashboard. Everette explained that the Committee worked with DMAS' Office of Data Analytics and the Policy Planning and Innovation Division to develop these initial indicators. The Subcommittee remains interested in better understanding gaps in service for behavioral health needs and barriers to obtaining services for children in DMAS medical assistance programs. Because of the complexities and challenges of using DMAS claims data to understand access issues, the Subcommittee agreed to begin with a limited set of measures that provide a snapshot of the child population receiving DMAS behavioral health services. The two indicators piloting in the CHIPAC Dashboard this quarter – see Dashboard p. 3 -- are "Percentage of FAMIS and Medicaid Children with a Primary Mental Health Diagnosis, by Age Group" and "Common Mental Health Diagnoses by Category, FAMIS and Medicaid Children."

Richardson reviewed the mental health data summarized in the charts in the CHIPAC Dashboard. She explained that the diagnostic data in these charts is based on primary diagnosis, and does not include secondary or additional diagnoses. A discussion ensued regarding what data the group should collect, challenges in obtaining data, data sources, and the ability to analyze smaller subsets of enrollees based on this data. Daly Konrad indicated that much of the data DMAS can access is based on claims data that may not provide the level of detail that is desired. Dr. Kathy Sardegna, DMAS, agreed that the claims data does not lend itself to some types of analysis, and as a result may tell an incomplete or incorrect story if used in some ways. One issue is the significant time lag in the data being available (the time it takes for a claim to be submitted and processed), so the desire for real-time or updated tracking and monitoring generally cannot be fulfilled with this dataset. Another issue is that there are many varieties of treatment, provider types, and settings in which treatment may be offered – everything from inpatient psychiatric visits, psychologists, and licensed clinical social workers, to services such as Therapeutic Day Treatment and Intensive In-Home Services. Some services would count as "treatments," but since they are not intensive treatments, they might not be what CHIPAC is interested in – i.e., how many kids who need mental health treatment are able to access sustained, impactful treatment that addresses their needs. Dr. Sardegna noted that DMAS

has learned the importance of prioritizing data requests, given the complexity of the data runs. Dr. Chung pointed out that getting a comprehensive picture involves drawing upon different data sources, which may be difficult to compile across sources/programs. She stated that a useful way to look at data challenges in the health care realm is that health data will never be 100% accurate, but it can be useful to look at trends over time -- if you get a result that is better than before, that can be more meaningful than a single snapshot. Dr. Sardegna stated that because of the challenges of looking at claims data for office visits, which can take more than 90 days to get to us, other ways of tracking data are being developed that are more compatible with real-time monitoring and intervention for children with critical behavioral health needs. For example, looking at more meaningful ways to analyze drug utilization – pulling information on children with multiple prescriptions. Another example of such an indicator is the number of children with at least two emergency room visits in the last 90 days, which could allow DMAS to identify children in crisis.

Daly Konrad stated that the subcommittee had requested to track children who had received services over time on a quarterly basis. They wanted to get a unique count of children who got each service. Key questions were whether to look at outpatient versus inpatient services, or if it would be more meaningful to look at certain treatment modalities in a more targeted way. Jill Hanken asked about HEDIS measures on mental health for children. Richardson responded that there are several measures for behavioral health in the Child Core Set, such as use of multiple antipsychotics, and follow-up after hospitalization for mental illness. Dr. Sardegna stressed the need for DMAS to verify any data used in the dashboard and make sure it is high quality. Dr. Cornelia Deagle, Virginia Department of Health, stated that she would like to see a picture of the mental health status for all Virginia children in comparison to Medicaid children. She would like to know how many are getting services, and how many are getting the services they need. This would provide the Committee with context. Dr. Chung responded that getting information on all Virginia children would entail getting data from commercial insurance carriers, which could be very difficult to do. It was noted that there are also a large number of behavioral health-related visits and services that are paid with cash, without the involvement of either private or public health insurance, and that data on these services are nearly impossible to access. This might also be more prevalent in some parts of the Commonwealth than others, where providers are less likely to accept insurance. Dr. Sardegna suggested getting a better understanding of what data are readily available and reliable, and then developing indicators based on that. Daly Konrad indicated the Committee should continue to work with DMAS staff, with the first step being to develop a timeline for identifying and refining additional behavioral health data indicators.

iii) **Enrollment and Applications Processing:** Jessica Annecchini, Virginia Department of Social Services, reviewed enrollment and application processing data in the quarterly CHIPAC dashboard. She noted that enrollment remains steady, with slight dips in FAMIS and FAMIS Plus enrollment between October and November, the months reflected in the dashboard. Adoption assistance and foster care enrollment remained steady. Annecchini observed that DMAS has revamped promotion efforts for FAMIS Select, and DMAS and DSS hope to see increases in FAMIS Select enrollment numbers in 2019. There was a decrease in pregnant women's enrollment for the month. DSS is focusing on efforts to make sure they receive their partial review at the end of the pregnancy. Enrollment numbers for Plan First are elevated, but these numbers can be expected to decrease dramatically in the future because Plan First enrollees will generally be eligible for Medicaid Expansion and be enrolled in Medicaid (Medallion 4.0 or CCC+).

Annecchini stated that there are usually a large number of applications between January and February. Weekly reports go out on overdue renewals, and these are always highest the first week of the month, but the numbers are becoming lower. Agencies are working to be proactive about making sure renewals happen as soon as possible instead of waiting until they show up on the report.

Jill Hanken asked if DMAS or DSS have any current data on federally facilitated marketplace (FFM) transfers to Virginia. Annecchini responded that VDSS had to hold that at the beginning of November in order to put the new system in place with Medicaid Expansion, so are uncertain what sort of data has come out since then. Daly Konrad stated that in order for the Committee members to review the Dashboard prior to meetings, the most recent data that can be included in the Dashboard is the prior month's.

Hanken asked about the "Top Three Application Denial Reasons" at the top of Dashboard p. 7. She stated that "ineligible" should be a more specific reason for it to be constructive. She requested that DMAS and DSS provide a more detailed breakdown of the application denial reasons reported in the Dashboard.

iv) **CHIPAC Letter on Public Charge:** Daly Konrad updated the group on the status of the CHIPAC letter to Virginia Secretary of Health and Human Resources Dr. Daniel Carey and DMAS Director Dr. Jennifer Lee regarding the Department of Homeland Security's proposed federal rule on public charge in immigration policy. The letter would urge the Secretary and DMAS Director to submit public comment during the federal public comment period that would be closing December 10. The CHIPAC letter had been approved by all CHIPAC members who are able to participate. Some CHIPAC organizational members, such as state agency representatives, abstained from voting and were not signers of the letter. The letter was expected to be sent on 12-6-18.

II. BREAK – A break was held from 1:50 to 2:00 pm.

III. Birth Outcomes Study Presentation – Health Services Advisory Group (DMAS' External Quality Review Organization, or EQRO)

A. An overview of the 2016-17 Birth Outcomes Focused Study methodology and findings was presented by Alana Berrett, Associate Director, Data Science and Advanced Analytics, HSAG (via webinar). The study's goals are (1) to determine the extent to which women with births paid by DMAS receive early and adequate prenatal care, and (2) to identify clinical outcomes associated with DMAS-paid births. Barrett reviewed the five study indicators: births with early and adequate prenatal care; births by gestational age estimate; births with low birthweight; newborns with two or more PCP visits in the first 30 days of life; and newborns with one or more ED visits in the first 30 days. The first three indicators rely on birth registry data, while latter two indicators use DMAS claims and encounters data. Berrett explained that the study population consists of women with continuous enrollment, while the comparison group is women enrolled in Medicaid who did not meet the 43-day continuous enrollment requirement. Among other findings, HSAG reported that:

- Births to women in the study population fared better than those in the comparison group for early and adequate prenatal care and preterm births.
- Births to women in the comparison group fared better than those in the study population for the "two or more PCP visits" indicator.

The Birth Outcomes Focused Study is also used to evaluate the FAMIS MOMS program for the federal 1115 Demonstration waiver through which that program is authorized. Berrett reported that, overall, singleton births to women enrolled in FAMIS MOMS at the time of delivery had a larger percentage of women receiving early and adequate prenatal care, more newborns receiving two or more visits with a PCP-type provider in the first 30 days of life, and fewer newborns with one or more ED visits in the first 30 days of life, when compared to all singleton births in the study.

Birth Outcomes Focused Study reports are available on the DMAS website at http://www.dmas.virginia.gov/#/med3studies.

B. Following the presentation, there was an opportunity for questions from CHIPAC members. Jill Hanken asked what actions should be expected from the MCOs in response to study findings. Tanya Williams stated that DMAS is working closely with the health plans, including quarterly meetings and tracking of performance metrics under the recently launched Medallion 4.0 managed care program. DMAS is also working with the plans to see that providers are reporting their data correctly and thoroughly. Emily Creveling, Maternal Child Health Supervisor at DMAS, stated that additional measures are being taken to ensure infants are receiving quality care, including face-to-face visits and home visits with newborns and their families. Dr. Sardegna stated that rather than tracking infants that had two PCP visits in the 30 days after birth, it might be more meaningful to focus on how many infants had their 48-hour visit. Alana Berrett explained that the two visits in under 30 days measure was used because it aligns with the metrics used by Bright Futures. Jill Hanken asked that DMAS explain the difference in performance between the MCOs and the fee-for-service program. Williams stated that the difference was unexpected, but that it is likely that billing issues contributed to some data not being captured fully. Other points were made regarding challenges faced in obtaining accurate data: Individual visits may not get picked up if administrative data is used because of global billing for care. It might be hard to collect data on the two visits before 30 days because the first visits sometimes get filed under the mother's insurance if the infant has not been assigned an ID number. Also, Virginia has many diverse regions, with differing local hospital systems, and health care systems could be piloting varying initiatives in different regions that could disparately affect birth outcomes. Dr. Chung said that she would like to see additional information about the diagnoses of the infants with ER visits within the first 30 days.

IV. DMAS Update

Brian McCormick, Director of the Policy Planning and Innovation Division, kicked off the DMAS update. He noted that monthly enrollment for all populations, including children, was up as of December 1. FAMIS MOMS enrollment increased by 5.0% over the prior month. McCormick explained that the Medallion 4.0 managed care program completed its phased roll-out, with the final regional roll-out taking place December 1.

McCormick announced that DMAS is working on establishing a Medicaid Member Advisory Committee (MAC), a member engagement forum in which Medicaid members can share their concerns and suggestions with DMAS. The MAC will be composed of Medicaid members from across Virginia, and will provide DMAS with valuable insight to inform all aspects of the Medicaid program. Potential topics of interest include feedback on application processes, provider access, and quality of care. Letters were sent to Medicaid members to request participation. Interested individuals were asked to complete and return a brief survey/application. DMAS is seeking to recruit individuals from a diversity of backgrounds to ensure a broad range of experiences and demographic diversity.

Medicaid expansion applications were accepted beginning November 1, 2018. McCormick reported that DMAS has been working hard the last six months and is beginning to see promising results with IT systems, provider network development, and extensive outreach through town halls, and advertising.

Jill Hanken stated that she was interested in hearing about how the MCOs were recruiting the provider networks needed to serve the new expansion population. McCormick indicated that the MCOs have to meet established network standards in their contracts and in accordance with federal requirements, and the DMAS Health Care Services Division is working closely with the MCOs to ensure their networks meet these standards. Special emphasis is being placed on increasing the number and reach of care coordinators. Tanya Williams, Director of DMAS' Office of Quality and Population Health, added that DMAS has a robust process in place for monitoring network adequacy, including regular monitoring of MCOs with scorecards. HSAG also conducted a validation of network adequacy for DMAS.

Dr. Chung pointed out that Medicaid provider reimbursement rates are very low and asked whether that was impacting DMAS' ability to enroll sufficient numbers of internists and family doctors in particular. Tanya Williams stated that DMAS is aware of these concerns and takes network adequacy very seriously, and that she would reach out to Dr. Chung to follow up. Dr. Sardegna noted that DMAS has surveyed other states that have undertaken Medicaid expansion to see how they increased their provider networks. The feedback DMAS received was that provider rates were a factor, but not the primary factor in attracting sufficient providers. Other factors, such as streamlining the MCO administrative process, were equally important. This was encouraging because DMAS has limited flexibility to increase provider rates.

Hanken asked whether credentialing of providers was an issue. Dr. Chung added that adequate providers could be a challenge since some new MCOs are just now entering new areas of Virginia for the first time. Medicaid expansion will require the enrollment and credentialing of even more providers. Dr. Sardegna stated that DMAS agrees this is a challenge, but that even commercial insurers experience challenges with provider networks. One positive development is the willingness of physician extenders to see patients, especially for wellness visits.

Michael Muse, Virginia League of Social Services Executives, asked about providers that see patients in free clinics on a volunteer basis and noted concerns that these providers will now have to enroll in Medicaid in order for free clinics to work with newly eligible Medicaid enrollees. McCormick responded that the federal 21st Century CURES Act requires state Medicaid agencies to enroll all MCO network providers as Medicaid providers. This is a federal requirement that DMAS must comply with, and the agency is trying to make it as easy as possible for providers to enroll. Williams stated that there is a team that has been working with free clinics to address this situation. Daly Konrad added that a number of clinics are in conversations with DMAS and are considering enrolling as Medicaid providers to enable them to continue serving their patients.

McCormick provided an update regarding the COMPASS 1115 waiver application, which addresses the Medicaid Expansion community engagement requirement. The waiver application is available on the DMAS website at http://www.dmas.virginia.gov/#/1115waiver. DMAS received 1,800 comments from the public during the state public comment period.

Rita DeVaughn, Senior Contract Administrator for DMAS, continued the DMAS update with information regarding Cover Virginia and enrollment. She stated that, to date, Cover Virginia had received numerous Fast Track applications from SNAP clients and parents of enrolled children. Plan First and GAP members have been automatically enrolled.

Open Enrollment took place from November 1 through December 15. Virginia is now a "determination state," meaning that applications for medical assistance should be arriving with a determination decision having been made by the federally facilitated marketplace. Virginia will no longer need to make the eligibility determination. DeVaughn stated that some of the applications for QHP renewals have been coming to Cover Virginia also. Cover Virginia's call volume for 2018 was over 500,000. The total number of applications received at Cover Virginia since August 2018 was 426,039. DeVaughn reported that before becoming a determination state, DMAS anticipated that about 70 or 80 percent of applications received from the FFM would be determined. In practice, DMAS has found that is not the case, and that workers are having to "touch" many more applications, fulfill requests for additional information, etc.

Shelagh Greenwood, Outreach and Consumer Communications Manager, gave an update regarding DMAS outreach and communications. She stated that Coverva.org continues to be the designated portal for the new expansion health coverage for adults. The Resources for Advocates page is constantly being updated with resources such as PowerPoint presentations, a webinar, a link to sign up for SignUpNow trainings, or to request a speaker. Coverva.org will be piloting a responsive mobile-friendly design in January 2019. On the Medicaid Expansion page, a print-on-demand flyer with information about the new coverage is available in 17 languages. Since August, more than 21,400 subscribers have signed up through the overlays on the coverva.org and DMAS websites to receive updates about expansion and other DMAS initiatives. Between June 7 and December 3, more than 107,000 people visited the Medicaid Expansion page and more than 29,400 accessed the screening tool. DMAS enhanced its existing contract with Virginia Health Care Foundation to provide two additional community outreach workers and increase by 20 the number of SignUpNow workshops available in SFY19 and by 10 in SFY20. Greenwood stated that Coverva.org continues to host a page devoted to the Federal Health Insurance Marketplace. On November 1, the 2019 Open Enrollment page was implemented. In addition to updates, it includes information about the new Medicaid coverage for adults. This page will remain in place until December 15, when the 2019 Open Enrollment period ends. As of November 24, there were 73,726 who had selected a plan. Of the 39 states that use the Healthcare.gov platform, Virginia ranked sixth for plan selections.

V. VDSS Update

Jessica Annecchini gave the VDSS update. She described DSS's progress in training new staff and hiring additional staff to help with Medicaid expansion. Postcards are being sent to recent applicants who were denied coverage in the past. The postcard directs these individuals to contact the Cover Virginia call center. Annecchini noted that VDSS has noticed that they need to work on automated processes to keep people enrolled. Attention is being paid to the ex parte renewal process and to individuals aging out of coverage. For deemed newborns, even though their coverage does not close when they turn 1, it is important to make sure they get put into the right process. For individuals turning 19 and individuals whose postpartum period has come to an end, it will be important to be able to automate those processes so that their enrollment is seamless.

VI. FAMIS MOMS & FAMIS Select Section 1115 Demonstration Renewal Application Update

Richardson provided an overview of the FAMIS MOMS and FAMIS Select programs and the Section 1115 Demonstration renewal application that DMAS would be submitting to the Centers for Medicare and Medicaid Services. FAMIS MOMS serves uninsured pregnant women with incomes up to 200% of the federal poverty level who are not eligible for Medicaid. The program provides prenatal care and covers labor and delivery and post-partum care. FAMIS MOMS

receive the same comprehensive coverage that is available to pregnant women in Virginia's Medicaid program. FAMIS Select provides premium assistance for families with FAMIS-eligible children (≤ 200% FPL) who have access to employer-sponsored or private insurance. The program offers a payment of up to $100 per FAMIS-eligible child, per month to help pay the family premium. Benefits are delivered through the employer-sponsored or private health insurance plan, with a wraparound benefit for immunizations.

DMAS is requesting a five-year extension of the federal Demonstration waiver. There are no program changes proposed, or additional federal authorities sought, for the Demonstration renewal period. Richardson stated that the public comment period was currently underway and the deadline for submitting public comments was Thursday, December 13. Anyone wishing to submit comments could do so by e-mail, postal mail, or via the online forum at the Virginia Regulatory Town Hall website, www.townhall.virginia.gov. In addition, Richardson reiterated that a Public Comment period would be held at the end of the CHIPAC meeting.

Jill Hanken asked whether FAMIS Select is mainly seeing participation from families that have a large number of children, as it seems that would be the population for whom the program is most attractive, based on the subsidy structure. Richardson noted that in recent DMAS calculations it was found that the average family size is between two and three children. Tiaa Lewis, DMAS Member Services Manager, Program Operations Division, noted that DMAS staff also expected that family sizes might grow given the program's structure, but that the family sizes are in fact not especially large.

VII. Public Comment for HIFA Waiver Renewal Application

Public comment was invited but there were no comments.

Public Comment for CHIPAC Business

Public comment was invited but there were no comments.

VIII. Agenda for March 7, 2019 CHIPAC Meeting

Agenda items for the March 7 meeting include an update on the state legislative session and updates on the progress of the Medicaid expansion rollout, CCC+ and Medallion 4.0. Follow-up items include information on reasons for application denials listed in the Dashboard and projected timeline for developing additional mental health dashboard measures.

Closing

The meeting adjourned at 3:40 p.m.